



CANCELLATION REQUEST FORM

<i>Department Use Only</i>	
Cancellation By (Name)	Date

INSTRUCTIONS:

1. Read attached instructions and all information contained in this form.
2. Submit completed form to the BAR, Licensing Unit at the above address or fax to (916) 255-4482.

1. Owner/Technician Name/Name of Business: (As Registered with BAR)		
2. License or Registration Number:		
3. License(s) or Registration(s) you want cancelled: (Please check applicable box)		
<input type="checkbox"/> ARD	<input type="checkbox"/> Brake Station	<input type="checkbox"/> Lamp Station
<input type="checkbox"/> Brake Adjuster	<input type="checkbox"/> Lamp Adjuster	<input type="checkbox"/> Smog Technician
4. Reason for Cancellation: (Please check applicable box)		
<input type="checkbox"/> Out of Business	<input type="checkbox"/> No Repairs	
<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> No Longer Desires Program	
<input type="checkbox"/> No Longer Employed	<input type="checkbox"/> Other _____	
5. Date the Change of Ownership took/will take place between you and the previous owner: Month Day Year		
/ /		
6. Certification		
I CERTIFY UNDER PENALTY OF PERJURY under the laws of the State of California that all statements made on this form and on all attached documents are true and correct.		
Signature _____		Date _____
Owner, Partner, Corporate Officer, Member, Technician, Adjuster		